

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/02/2011
FORM APPROVED
OMB NO. 0938-0391

OTC 4/15/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445116	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/01/2011
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NAME OF PROVIDER OR SUPPLIER

NHC HEALTHCARE, SMITHVILLE

STREET ADDRESS, CITY, STATE, ZIP CODE

825 FISHER AVE P O BOX 549
SMITHVILLE, TN 37166

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 252 SS=D	<p>On February 14, 2011 an onsite visit was made to investigate complaints #27404 and 27289 at NHC Healthcare, Smithville. No deficiencies were cited for complaint #27404.</p> <p>483.15(h)(1) SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT</p> <p>The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure a clean environment for one resident (#1) of five residents reviewed.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on December 15, 2009 with diagnoses to include Cerebrovascular Accident with Right Hemiparesis, Diabetes, Acute and Chronic Renal Failure, Chronic Polyneuropathy, Urinary Retention, Chronic Obstructive Pulmonary Disease, Chronic Respiratory Failure, Dysphagia, Aspiration Pneumonia, Seizure Disorder, and Hypertension.</p> <p>Medical record review of the Minimum Data Set, dated January 11, 2011, revealed the resident required extensive assistance with bed mobility and all activities of daily living except eating which only required set up assistance.</p> <p>Observation of the resident's room on February</p>	F 252	<p>The Director of Nursing In-services staff regarding checking over bed tables prior to placing trays on them. She also in-serviced staff on cleaning up patient room during hours housekeeping is not in center. A QA was started by the DON and Housekeeping Supervisor. This will be checked weekly for 3 weeks, then monthly for 3 months.</p> <p>The Housekeeping Supervisor has instructed housekeeper to go to Resident # 1's room first thing in the morning and last thing at night. Housekeeping is to also check room during the day.</p>	3/31/11

LABORATORY DIRECTOR OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, SMITHVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 825 FISHER AVE P O BOX 549 SMITHVILLE, TN 37166		
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F 252	<p>Continued From page 1</p> <p>14, 2011 at 8:30 a.m., revealed the floor in the room and bathroom contained visible dried dirt, numerous areas of dried spotting, and a bloody alcohol prep pad. Continued observation revealed the counter in the bathroom had debris and dried spots. Observation revealed the over bed table contained areas of a dried sticky substance, crumbs, a nut, and a dried out pea.</p> <p>Interview in the resident's room with LPN # 1 on February 14, 2011 at 8:30 a.m., confirmed the floors were soiled; the blood soiled alcohol pad was not to be on the floor; the bathroom was not clean; the resident had eaten breakfast; and the over bed table was visably soiled. Interview with the Housekeeper in the resident's room on February 14, 2011 at 8:45 a.m. confirmed the resident's room was not clean.</p> <p>C/O # 27289</p>	F 252	<p>Resident # 1's son stays in room many times over night and leaves items in room and bathroom. Son also brings in food for himself and resident # 1 late at night.</p> <p>Administrator spoke with resident # 1's son to ask him to help center staff keep room clean and tidy.</p>		